

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**JAN 28 1929**

**43765**

**1. PLACE OF DEATH**

County Stoddard  
 Township Castor  
 City..... (No.....)

Registration District No..... 127  
 Primary Registration District No.....

File No.....  
 Registered No.....  
 St..... Ward.....

**2. FULL NAME**

James N. Barkham

(a) Residence. No..... St..... Ward.....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-2-1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
17 3 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo.

10. NAME OF FATHER W. J. Barkham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo.

12. MAIDEN NAME OF MOTHER Emma Dwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo.

14. INFORMANT (Address) Jesse J. Kelley  
Bloomfield R #3

15. FILED....., 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-20 1928

17. I HEREBY CERTIFY, That I attended deceased from 10/31, 1928, to 12/20, 1928 that I last saw alive on 12/19, 1928 and that death occurred, on the date stated above, at 9 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Typhoid fever

1/11 (duration) yrs. 2 mos. 21 ds.

CONTRIBUTORY (SECONDARY) inf. virus (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

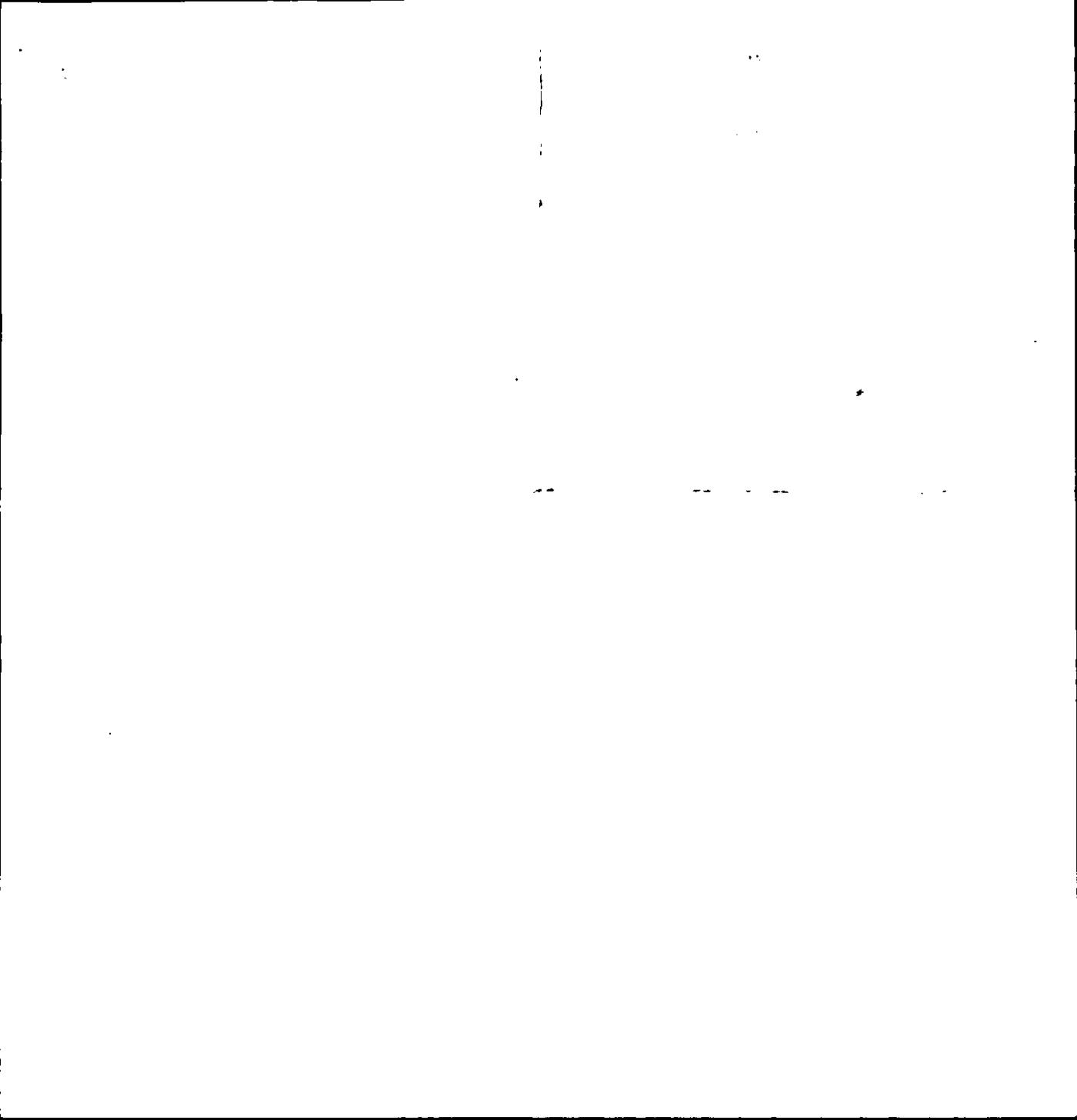
WHAT TEST CONFIRMED DIAGNOSIS. Clinical  
 (Signed) Edward Ford, M. D.  
 .19 (Address) Bloomfield Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bluff cemetery DATE OF BURIAL 12-21 1928

20. UNDERTAKER J. A. Childs ADDRESS Bloomfield

PARENTS





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